

STATEMENT OF ORGANIZATION		OFFICE USE ONLY									
1. Name and Address of Committee Wendy Thibodeaux Campaign P.O. Box 1045 Larose, LA 70373	2. Date of this Statement 5/11/2014	<div style="text-align: center;"> S/O S/7 </div> <div style="text-align: center; margin-top: 20px;"> # 86865 # 7000 </div> <div style="text-align: right; font-size: 2em; font-weight: bold; margin-top: 20px;"> 14004131 </div>									
Check If: New Committee <input checked="" type="checkbox"/> Monthly Filer	3. Estimated Membership 1										
4. Amended Statement? Yes <input checked="" type="checkbox"/> No											
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)											
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">a. Name</td> <td style="width: 33%;">b. Position</td> <td style="width: 33%;">c. Address</td> </tr> <tr> <td>Wendy Thibodeaux</td> <td>Chairperson</td> <td>PO Box 1045 Larose, LA 70373</td> </tr> <tr> <td></td> <td>Treasurer</td> <td></td> </tr> </table>	a. Name	b. Position	c. Address	Wendy Thibodeaux	Chairperson	PO Box 1045 Larose, LA 70373		Treasurer		6. Affiliated Organizations (Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.)	
a. Name	b. Position	c. Address									
Wendy Thibodeaux	Chairperson	PO Box 1045 Larose, LA 70373									
	Treasurer										
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7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)											
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8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <input checked="" type="checkbox"/> Principal Campaign Committee <input type="checkbox"/> Subsidiary Committee											
b. Name of Candidate Wendy Thibodeaux	c. Office Sought by the Candidate Assessor - Lafourche										
9. a. Name of Person Preparing Report Laura Veazey											
b. Daytime Telephone 504-432-0293											
10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief.											
This <u>1</u> day of <u>May</u> , <u>2014</u> . <div style="margin-top: 20px;"> Signature of Committee Chairperson </div> <div style="margin-top: 20px;"> Signature of Committee Treasurer, if any </div>		<div style="margin-top: 20px;"> Daytime Telephone Number </div> <div style="margin-top: 20px;"> Daytime Telephone Number </div>									

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